



MISSOURI DEPARTMENT OF REVENUE  
**CHANGE OF NAME/ADDRESS**

**PLEASE COMPLETE ONLY THOSE LINES THAT  
REQUIRE CHANGING**

**PLEASE USE THIS FORM TO REPORT ANY CHANGES OF  
MAILING ADDRESS AND/OR NAME.**

NEW NAME

SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

SPOUSE'S NEW NAME

PREVIOUS NAME AND MAILING ADDRESS

NEW MAILING ADDRESS

CITY

MAIL TO: Missouri Department of Revenue  
P.O. Box 555  
Jefferson City, MO 65105-0555

STATE

ZIP CODE